



Patricia A. Maryland, DrPH, Chair
Citizens' Health Care Working Group
7201 Wisconsin Avenue, Suite 575
Bethesda, MD 20814

Attn: Interim Recommendations

Dear Dr. Maryland:

On behalf of Planned Parenthood Federation of America (PPFA), I am writing to comment on the Citizens' Health Care Working Group's interim recommendations, *Health Care that Works for All Americans*, released on June 1, 2006. As America's largest and most trusted provider of reproductive health care services, we are particularly invested in the outcome of the Working Group's final recommendations. We appreciate both the work you've done to include Americans in this important dialogue and the opportunity to weigh in on these critical health care issues.

PPFA affiliates operate more than 860 health centers nationwide, providing medical services and sexuality education for millions of women, men, and teenagers each year. One out of four American women receives medical services from Planned Parenthood sometime in her life, and 74 percent of our clients have incomes at or below 150 percent of the federal poverty level. For many of our patients, we are the only medical provider they see.

As a safety net provider, we are acutely aware of the challenges facing our nation's health care system. The principles outlined in the interim recommendations broadly address these challenges by establishing that health care is fundamental to well-being, that it should therefore be public policy that all Americans have affordable health coverage, and that, by 2012, all Americans *will* have access to a set of core health services throughout their lives. While these are laudable goals and the interim recommendations a positive step, the final recommendations should be more specific in several key areas to ensure that Americans receive the health care services they need and practitioners are given the resources to provide them.

The Working Group's recommendation that all Americans will have access to a core set of health care services is an important concept, but it should be clear that reproductive health care services are included in this "core" benefit package. For most Americans, these services are essential to their overall health and well-being. Adequate access to sexually transmitted infection (STI) testing and treatment, breast and cervical cancer screenings, and family planning services are fundamental components of primary care.

Family planning constitutes a particularly basic, cost-effective health care service that allows millions of women to plan their families. Family planning is also a health care service in demand. In fact, thirty-four million American women are in need of contraceptive services. Eighty-three percent of Planned Parenthood patients receive services to prevent unplanned pregnancy. Americans recognize that family planning services are central to quality health care:

the Working Group's online health care poll showed that 67 percent of respondents thought that family planning services should be included in basic or essential insurance coverage.

In order to make certain that Americans have access to core services, steady funding is imperative. In this vein, the final recommendations should emphasize the important role public funding plays in ensuring that millions of Americans receive vital health care services, including reproductive health care services. Programs such as Medicaid and Title X are at the cornerstone of maintaining good health and quality of life for millions of Americans. There are other programs as well—such as Title V, Title XX, and Centers for Disease Control and Prevention (CDC) 318 STD funding—that make up the health care safety net that so many Americans rely on. Each year, Planned Parenthood affiliates around the country provide contraceptive services, HIV and sexually transmitted infections screenings, mammograms and other preventive health care to our patients through these programs.

Medicaid is an enormous source of funding for family planning and other preventive health care we provide to our patients. Actually, Medicaid is the largest source of public funding for family planning services, accounting for more than 60% of all publicly-funded care. Medicaid provides health insurance coverage to one in ten women of reproductive age and pays for more than one-third of all births in the United States.

The Title X program is also key part of the U.S. public health infrastructure, providing comprehensive family planning services and other health care services to low-income individuals who would otherwise lack access to health care. In fact, approximately 65 percent of Title X patients have incomes at or below the federal poverty level.

Unfortunately, financial support for vital public health programs is eroding. Medicaid faced budget cuts in the billions through the Deficit Reduction Act of 2005 (DRA), and Title X funding has remained stagnant for years. As a result, many safety net providers are struggling to ensure patients have access to the broad range of services they need. We therefore strongly urge you to address the importance of increasing funding for essential public health programs in the final recommendations. For instance, to bring Title X funding up to the inflation-adjusted, constant dollar amount of 1980, funding levels for the program should be at \$699 million, instead of its current level of \$283 million. This would actually be in line with the Working Group's recommendation to support integrated community health networks. In order for this recommendation to have merit, there has to be a stable funding stream for safety net providers.

The American public has already sent this message loud and clear. According to the Working Group's polling, 70 percent of online respondents and 72 percent of meeting respondents agreed or strongly agreed that state government programs such as Medicaid and SCHIP should be expanded to provide coverage for more people without health insurance. And 74 percent of online respondents agreed or strongly agreed that neighborhood health clinics should be expanded.

The Citizens' Health Care Working Group's report revealed that Americans think the U.S. health care system is in crisis. We all know that it doesn't have to be. The Working Group's interim recommendations focus on building a framework for change so that all Americans have access to

care. But, if the final recommendations don't explicitly address the need to shore up the public funding streams at the heart of our nation's health care safety net, an important opportunity to guide that change will be lost.

Thank you for your consideration.

Sincerely,

Cecile Richards
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